

FIG. 1

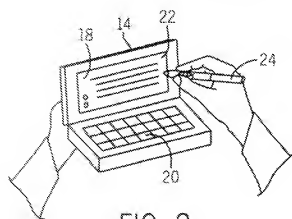


FIG. 2

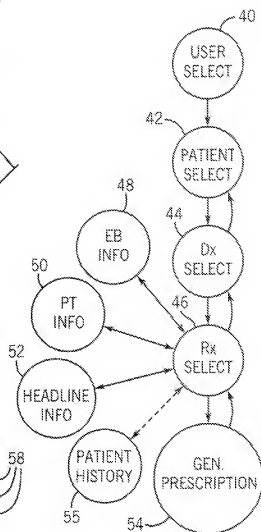
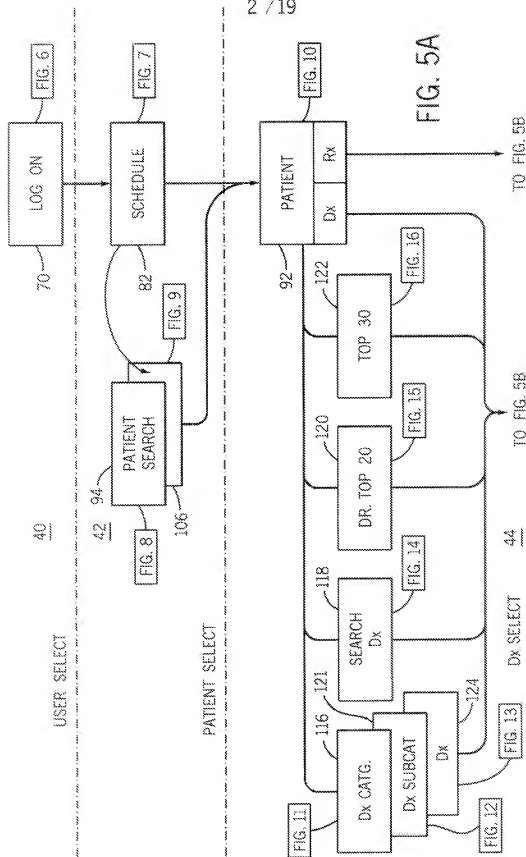


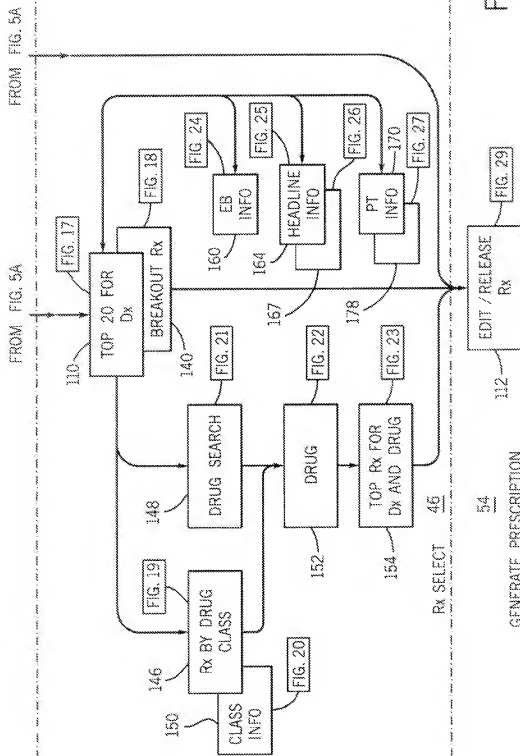
FIG. 3

60	62	56	64	66
DR	PATIENT	Dx	Rx	

FIG. 4 shows a table with columns labeled DR, PATIENT, Dx, and Rx. The rows are numbered 60 through 66. A hand (58) is shown interacting with the table.

FIG. 4





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Prescribing User Logon - Welby Medical

Select your facility and user id from the list below, then enter your WELLinx password.

Facility: 72

Location: 74

User ID: 76

Password: 78

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FIG. 6

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889390

Refresh	Pt. Search	Logoff	
Select Patient- 10 Patients found for today			
Time	Patient	Time	Patient
09:00	WELLINX, DAVID	13:00	MILLER, ELLEN
09:30	ADAMS, LORRAINE	13:30	JOHNSON, SHARON
10:00	SMITH, PATRICIA	14:00	LEE, KEVIN
10:30	DAVIS, ROGER	15:00	ANDERSON, JAMES
11:00	OLSON, MICHAEL	15:30	JEFFERSON, SCOTT

8684

FIG. 7

FIG. 8FIG. 9

92 → 113 114

Today	Pt Search	Logoff	Done	Add Dx: Category / Search / My 20 / Top 30 Cancel
Diagnosis for DAVID WELLINX				
Edit	706.1	ACNE, OTHER (VULGARIS)	TETRACYCLINE 500MG TABLET	
Edit	401.1	BENIGN ESSENTIAL HYPERTENSION (HTN)	+ HYDROCHLOROTHIAZIDE 25MG TABLET	
Edit	477.9	ALLERGIC RHINITIS, CAUSE UNSPECIFIED		
Today	Pt Search	Logoff	Done	Add Dx: Category / Search / My 20 / Top 30 Cancel

FIG. 10

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Today	Pt Search	Logoff	Back	Search	Cancel
Diagnosis Categories					
Abnormal Test Results	Infectious Diseases	Skeletal: Axial			
Blood Vessels, Edema, Lymph	Kidney / Nephrology	Skeletal: Leg			
Congenital	Lungs Allergy & Sleep	Skeletal: Musculoskeletal			
Diabetes	Miscellaneous	Skin			
E-Codes (secondary diagnosis only)	Mouth	Syndromes			
Ear Nose Throat Mouth	Neurology — 119	Trauma			
Endocrine / Metabolic	OB / GYN & Fetus / Newborn	Urology			
Eyes	Other V Codes	V Codes: Top 15 (IIM)			
Gastrointestinal	Pediatrics	V Codes: Personal Hx of Dz			
Heart	Psychiatry				
Hematology Oncology	Skeletal: Arm				
Today	Pt Search	Logoff	Back	Search	Cancel

FIG. 11

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Today	Pt Search	Logoff	Back	Search	Cancel
Diagnosis SubCategories: Neurology					
<u>Epilepsy & Seizures</u>		<u>Movement & Tremors</u>			
<u>Headaches</u>		<u>Nerve Diseases</u>			
<u>Infection</u>		<u>Other Neurology</u>			
<u>Mentation</u>		<u>Symptoms and Vagueness</u>			
Today	Pt Search	Logoff	Back	Search	Cancel

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FIG. 12

Today	Pt Search	Logoff	Back	Cancel
Diagnosis Description: Neurology: Headache				
346.00	CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE			
346.01	CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED			
346.10	COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE			
346.11	COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED			
346.80	MIGRAINE NEC /NOT INTRCBL			
346.91	MIGRAINE, UNSPECIFIED, W/ INTRACTABLE MIGRAINE			
346.90	MIGRAINE, UNSPECIFIED, W/O MENTION OF RETRACTABLE MIGRAINE			
346.81	OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED			
310.2	POSTCONCUSSION SYNDROME			
625.4	PREMENSTRUAL TENSION SYNDROMES (PMS) MENSTRUAL MIGRAINE			
349.0	REACTION TO SPINAL OR LUMBAR PUNCTURE (POST-SPINAL TAP HEADACHE)			
307.81	TENSION HEADACHE			
047.9	UNSPECIFIED VIRAL MENINGITIS			
346.21	VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED (CLUSTER HEADACHE)			
346.20	VARIANTS OF MIGRAINE- NOT INTRACTABLE (CLUSTER HEADACHE)			
Today	Pt Search	Logoff	Back	Cancel

FIG. 13

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Today Pt Search Logoff Help

Diagnosis Search

Search Keyword

132 {

- ☒ Diagnosis Description Long Search
- ☐ Diagnosis Description
- ☐ ICD9 CODE

Back Submit Cancel

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FIG. 14

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Today Pt Search Logoff Back Search Cancel

Doctor Top 20 Diagnosis

HTN UNSPEC	KNEE PAIN	CRAMPS IN LIMB
FLU VACCINE	PNEUMOVAX / PREVNAR VACC.	POSTMENOPAUS HORMONE RX
LAB EXAM	INSOMNIA NOS	ROUTINE MEDICAL EXAM
LIPID METABOL DISORD NOS	DIARRHEA	SCREEN FOR PROSTATE CA
LONG TERM USE OF HIRISK RX	CVA	SHOULDER PAIN
LONG TERM USE OF ANTICOAG	SKIN LESION BENIGN NOS	SCREEN FOR RECTAL CA
OBESITY MORDIS	IRRITABLE BOWEL SYNDROME	

Today Pt Search Logoff

FIG. 15

Today	Pt Search	Logoff	Back	Search	Cancel
Top 30 Diagnoses					
A Fib	Depression	Low Back Pain			
Allergic Rhinitis Unspec	Diabetes	Malaise Fatigue			
Anemia	Dizziness	Neck Pain			
Anxiety	DJD UNS	Otitis Media Acute			
Asthma Extrinsic w/o Sa	Edema	Pharyngitis Acute			
BPH	GERD	Rash			
Bronchitis acute	Headache	Sinusitis Acute Unspec			
Chest Pain UNS	HTN Benign	Tobacco Use			
CHF	Hyperlipidemia	URI			
COPD	Hypothyroid primry	UTI			
Today	Pt Search	Logoff	Back	Search	Cancel

FIG. 16

Today	Pt Search	Logoff	Select Rx by Class	Search for other Drug	Cancel
Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)					
162 PT Info EB Info					
	Drug / Dosage Name	Price	SIG	Qty	Refills: PRN
Diuretics and beta blockers are first line therapy					
Edit	ENALAPRIL (Vasotec) 10MG TABLET	1QD	90	3	N Drug info
Edit	+ HCTZ (Hydro Diuril) 25MG TABLET	1QD	30	11	N Drug info
	+ ATENOLOL (Tenormin)				Drug info
	+ CAPTOPRIL (Capoten)				Drug info
Edit	TRIAMTERENE / HCTZ 25 / 37.5MG TABLET	1QD	90	3	N Drug info
Edit	ENALAPRIL (Vasotec) 20MG TABLET	1QD	90	3	N Drug info
Edit	METOPROLOL SUCCINATE (Toprol XL)	1QD	30	11	N Drug info
Edit	+ METOPROLOL 50MG TABLET	10	18ID	60	11 N Drug info
Edit	+ Lopressor 50MG TABLET	10	18ID	60	11 N Drug info
Edit	DILACOR XR 120MG CAPSULE SA	1QD	90	3	N Drug info
Today	Pt Search	Logoff	Select Rx by Class	Search for other Drug	Cancel

FIG. 17

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Today	Pt Search	Logoff	Select Rx by Class Search for other Drug Cancel				
Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)						PT info	EB info
	Drug / Dosage Name	Price	SIG	Qty	Refills	PRN	
Diuretics and beta blockers are first line therapy							
Edit	+ TENORMIN 50MG TABLET	10	1QD	30	11	N	Drug info
Edit	+ ATENOLOL 50MG TABLET	10	1QD	30	11	N	Drug info
Edit	ATENOLOL 100MG TABLET		1QD	90	3	N	Drug info
Edit	ATENOLOL 100MG TABLET		1QD	100	3	N	Drug info
Edit	ATENOLOL 100MG TABLET		1QD	30	11	N	Drug info
Edit	TENORMIN 100MG TABLET		1QD	90	3	N	Drug info
Today	Pt Search	Logoff	Select Rx by Class Search for other Drug Cancel				

FIG. 18

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Today	Pt Search	Logoff	Cancel	Search for other Drug
Drug Classes				
Diagnosis 346.00: CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR				EB info
Acetaminophen		1	Class info	
+ Analgesic adjuncts		3	Class info	
+ Beta Blockers		5	Class info	
Calcium Channel Blockers		1	Class info	
GI-Prokinetic		1	Class info	
Headache - ergots		3	Class info	
Headache - other		8		
Headache - triptans		5	Class info	
+ NSAIDs		22	Class info	
Narcotics - Mild		8	Class info	
Salicylates		2	Class info	
Today	Pt Search	Logoff	Cancel	Search for other Drug

FIG. 19

ANALGESIC MEDICATIONS

Highlights

- Ultram 100mg = Tylenol 1000mg is less effective than ibuprofen 400mg [More info](#)
- Tramadol is less effective than Vicodin in acute pain [More info](#)
- Reasons to avoid Demerol [More info](#)

Contents

[Treatment options](#)

[Acetaminophen](#)

[Salicylates](#)

[NSAIDs](#)

[NSAID COX 2 inhibitor](#)

[Lower potency narcotics](#)

[Stronger narcotics](#)

[Adjuvant medications](#)

[Websites](#)

Treatment options (refer to information presented in following sections for efficacy and dosing information)

Mild Pain – Acetaminophen, Salicylates, NSAIDs; Adjuvant Medications (selected situations such as neuropathic pain)

Moderate Pain – All of the above as well as weak opiate / opioid drugs (i.e. codeine, oxycodone)

Severe Pain – Strong Opiate / Opioids (i.e. morphine, hydromorphone, lexorphanol) +/- all of the above

- Chronic, continuous pain warrants use of scheduled administration times instead of prn dosing and use of extended release analgesic preparations

- Immediate release (IR) dosage forms are appropriate for treatment of acute or episodic pain, or to improve analgesia during breakthrough pain
- NSAIDs in combination with opioids may be helpful for pain resulting from bone metastases
- Corticosteroids (i.e. dexamethasone) may be helpful for situations involving nerve compression or increased intracranial pressure
- Antidepressants and anticonvulsants have been used in neuropathic pain

FIG. 20

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Today Pt Search Logoff

Drug Search

Drugs

☒ Brand or Generic (common meds only)
☐ Brand Name only (all meds)
☐ Drug Class

Back Search Cancel

FIG. 21

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Today Pt Search Logoff Back Search for other Drug Cancel

Drug Names

Diagnosis 346.00; CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

Narcotics - Mild

<u>CODEINE PHOSPHATE / APAP (Tylenol w / Cod)</u>	<u>Drug info</u>
<u>HyDROCODONE / APAP (Vicodin)</u>	<u>Drug info</u>
<u>PROPOXYPHENE (Darvon)</u>	<u>Drug info</u>
<u>PROPOXYPHENE HCL / ACETAMINOPHEN (Darvocet)</u>	<u>Drug info</u>
<u>PROPOXYPHENE HCL / ASA / CAFFEINE (Darvon Compd)</u>	<u>Drug info</u>
<u>PROPOXYPHENE NAPSYLATE (Darvon N)</u>	<u>Drug info</u>
<u>PROPOXYPHENE NAPSYLATE / APAP (Darvocet N)</u>	<u>Drug info</u>
<u>TRAMADOL (Ultram)</u>	<u>Drug info</u>

Today Pt Search Logoff Back Search for other Drug Cancel

FIG. 22

Today		Pt Search	Logoff	Back				Search for other Drug		Cancel
Drug Dosage										
Diagnosis 346.00: CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR										
CODEINE PHOSPHATE / APAP (Tylenol w / Cod)										
	Drug	Price	SIG	Qty	Refill:	PRN	Info			
Edit	TYLENOL W/CODEINE ELIXIR	5Q 6HR 120	0	N	Drug info					
Edit	TYLENOL W/CODEINE #2 TABLET	2Q 4HR 60	0	N	Drug info					
Edit	TYLENOL W/CODEINE #3 TABLET	1Q 4HR 30	1	Y	Drug info					
Edit	TYLENOL W/CODEINE #4 TABLET	1Q 4HR 30	0	Y	Drug info					
Edit	ACETAMINOPHEN/COD #3 TABLET	1Q 4HR 30	1	Y	Drug info					
Edit	ACETAMINOPHEN W/COD ELIXIR	5Q 6HR 120	0	N	Drug info					
Edit	TY-PAP W/CODEINE ELIXIR	5Q 6HR 120	0	N	Drug info					
Edit	MI-CODE ELIXIR	5Q 6HR 120	0	N	Drug info					
Edit	ACETAMINOPHEN/CODEINE SOLN				Drug info					
Edit	ACETAMINOPHEN/COD ELIXIR	5Q 6HR 120	0	N	Drug info					
Today		Pt Search	Logoff	Back				Search for other Drug		Cancel

FIG. 23

Primary Headache Disorders

Highlights

- Tailor migraine Rx to severity of headache or prior response. [More info](#)
- Use abortive therapies no more often than twice weekly to prevent chronic daily headaches. [More info](#)
- NSAIDs and Excedrin Migraine are first line for patients with mild-moderate migraine. [More info](#)
- Use migraine-specific agents (triptans, DHE, ergotamine) in patients with more severe headaches or if unresponsive to NSAIDs and OTC analgesics. [More info](#)
- Diclofenac K⁺: Equal efficacy but less nausea than sumatriptan 100mg. [More info](#)
- NSAID /metoclopramide as effective as oral sumatriptan for moderate-severe migraine. [More info](#)

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Clinical features

Diagnosis

Medication overuse headache / rebound headache

Non-drug therapy

Dosage form: selection for migraine

Abortive Therapy Table

Abortive Therapy Guidelines

Comparative studies of abortive drugs

Migraine Prophylaxis

Migraine Patient Talking Points

Treatment of tension-type headache

Treatment of cluster headache

Guidelines on the web

Triptans

Dihydroergotamine (DHE)

Patient information

Clinical features (adapted from Mayo Clin Proc 1996;71:1055)

Feature	Migraine*	Tension-type headache	Cluster headache
Prevalence	Common	Common	Rare
Aura	Present in 15%	None	None
Site of pain	Hemicranial, bilateral	Bilateral, occipital, frontal	Unilateral, frontotemporal, posterior

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- Dicyclanec potassium: Equal efficacy but less nausea than sumatriptan 100mg. (Anon. Cephalgia 1999;19(4):232-40)
- Dicyclanec potassium 50mg costs less than sumatriptan 100mg (less than \$2 vs \$24).
- ASA 900mg plus metoprolol 10mg (<\$2) as effective as sumatriptan 100 mg (\$32) in the treatment of moderate-severe migraine. (Tfelt-Hansen P. Lancet 1995;346:923-26) (Anon. Eur Neurol 1992;32:177-84)
- SC sumatriptan associated with more headache recurrence than DHE nasal spray. Sumatriptan 6mg SC provided better relief of headache and associated symptoms than DHE nasal spray 1mg. However headache recurred more commonly after treatment with sumatriptan (31% vs 17%). Because the dose of DHE used in this study is below the recommended dose of 2mg, it is difficult to compare the efficacy for headache relief. (Toucheon J. Neurology 1996;47:361-5) Patients with long duration headaches may benefit from intranasal DHE.
- Oral sumatriptan more effective than ergotamine / caffeine, but has higher recurrence rate. In a RCT involving 466 patients improvement in pain at 2 hours occurred in 66% of patients treated with oral sumatriptan vs. 48% of patients treated with a combination of ergotamine and caffeine (Caterg(®)). However headaches recurred in 41% in the sumatriptan group, compared to 30% of the ergotamine / caffeine group. Side effects were comparable. (Anon. Eur Neurol 1991;31:314-22)

Migraine Prophylaxis

- General information
- Guidelines
- Drug table

FIG. 25

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FIG. 26

Acute treatment of migraine attacks: efficacy and safety of a nonsteroidal anti-inflammatory drug, diclofenac-potassium, in comparison to oral sumatriptan and placebo

Aron. Cephalgia 1999;19(4):232-40

Study Design: Double-blind, cross-over RCT in 156 adults with migraine +/- aura(2-5 migraines / month)

Intervention: diclofenac-K 50mg vs diclofenac-K 100mg vs sumatriptan 100mg vs placebo (all patients received all four treatments over a period of 3 months)

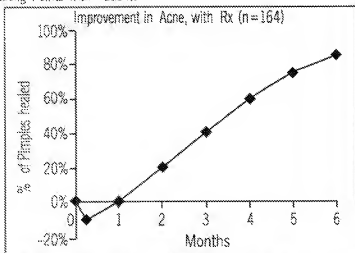
Results: Headache pain 2 hr after dosing (based on VAS): both doses diclofenac and sumatriptan superior to placebo, diclofenac 50mg = 100mg, both doses diclofenac = sumatriptan. Active treatments equally effective to each other and superior to placebo over 8 hour observation period. Significant pain relief occurred at 60 min with diclofenac vs 90 min with sumatriptan. There was no difference between active treatment groups in the use of rescue medication (36% vs 41%). There was no difference between groups in rate of headache recurrence (22-24% for diclofenac, 26% for sumatriptan, and 19% for placebo), however the increased use of rescue medication in the placebo group could have confounded these results. At 2 hr after dosing, there was less nausea in diclofenac groups compared to sumatriptan and placebo groups (22-27% vs 41-43%). At 8 hr after dosing, there was less nausea in the diclofenac and sumatriptan groups compared to placebo (diclofenac 15-19%, sumatriptan 28%, placebo 39%). At 2hr after dosing, there was less vomiting in the diclofenac and placebo groups compared to the sumatriptan group (2hr: 3-7% vs 13%). At 8hr after dosing, vomiting was decreased in the diclofenac groups compared to sumatriptan (2-4% vs 10%). More adverse events occurred in the sumatriptan group compared to the other groups (31% vs 12-18%), however there was no difference in the rate of discontinuation due to adverse events. Dizziness, paresthesia, asthenia, and tachycardia appeared to occur more commonly in the sumatriptan group.

Comments: Severity of migraines and some pertinent baseline characteristics (i.e. number of headaches treated, use of prophylactic medications) not described. Did not report % of patients with relief of headache pain.

Conclusion: This study demonstrated equivalence of diclofenac-K and high-dose sumatriptan for headache relief with a slightly faster onset for diclofenac. Nausea and vomiting were reduced in the diclofenac groups compared to the sumatriptan group.

Return to Topic

Talking Points with Patients



The patient educational handouts emphasize the following points..

1. It is important to guide expectations at the outset, to allow 6 months for medications to work. This figure is of 164 pts treated with tretinoin or tretinoin and oral minocycline. In time, most patients achieve successful outcomes. But those patients who cannot accept the need to wait 3 to 5 months for results will usually be disappointed. Adapted from Cunliffe, WJ J Eur Acad Derm 1992;1:43-52 and Katsambas et al Acta Derm Vener 1989 S143:35-9.
2. Stress compliance with Rx in light of anticipated initial worsening.
3. Discourage excessive washing /scrubbing of face. Medicated soaps are a waste of money.

Printable flow sheet for chart:

Print

- ☐ Acne Lesion Flow Sheet (1 page) provides a quantitative objective scoring system for assessing acne.
- ☐ Acne Disability Questionnaire (1 page) attempts to authentically represent the importance of a patient's acne to him or her.
- ☐ Acne Patient Handout (4 pages) describing the disease and general treatment options.
- ☐ Acne Patient Handout (7 pages) includes Rx's.

Other Internet Links of value:

- ☐ <http://www.skincare.com/info/accutane.htm>: A link to Patient information about Isotretinoin (Accutane).
- ☐ <http://www.rocheusa.com/products/accutane/pi.html>: A link to the Roche website about Accutane. It contains the patient consent form for starting isotretinoin, along with information for the patients about side effects.
- ☐ <http://www.fda.gov/cder/drug/infopage/accutane/default.htm>: A link to the FDA's Accutane information Website

Print Now

PATIENT CONSENT FORM:

To be completed by the patient, her parent/guardian*
and signed by her prescriber.

Please read each item below and initial in the space provided to indicate that you understand each item and agree to follow your prescriber's instructions. **DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND.** A parent or guardian of a minor patient must also read and understand each item before signing the consent.

1. I, _____,
(Patient's Name)

understand that Accutane is a very powerful medicine with the potential for serious Adverse Effects that is used to treat severe nodular acne that did not get better with other treatments including oral antibiotics.

INITIALS: _____

2. I understand that I must not take Accutane (isotretinoin) if I am pregnant. I understand that I must not take Accutane if I am able to become pregnant and I am not using the required two separate forms of effective methods of birth control.

INITIALS: _____

3. I understand from my prescriber that although not every fetus exposed to Accutane has resulted in a deformed child, there is an extremely high risk that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking Accutane in any amount even for short periods of time. Potentially any fetus exposed during pregnancy can be affected.

FIG. 28

112 19 / 19 184 186

New Rx for Same Dx Rx Complete Cancel

Rx for David WELLINX by MARCUS WELBY

Drug HYDROCHLOROTHIAZIDE 25MG TAB Substitution Permitted ▼

Dose 1 TABS (ORAL) Frequency QD ▼

Dispense 30 EA Refill 11

Instructions

Fill Method PRN Indic

Fax ▼ ☐

in office 182

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FIG. 29

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Dx	Dx Descript.	Major Cat.	SUB Cat.	DWST

126 127 123 119 190

FIG. 30

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DWST	HEADLINE	EB INFO	PI Info	REV

190 164 160 170 142

FIG. 31

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Pt	Dx	Prescription Details	STOP REASON

84 126 200

FIG. 32